New Policies that Impact Your MTF

CAPT Mary I. Greenwood, NC, USN
Chief, Program Operations
TRICARE Area Office - Europe

Objectives

- Define charges incurred when a Prime beneficiary exercises the Point-of-Service option
- Describe the requirements for an active duty family member to be enrolled into TRICARE Overseas Prime
- Explain why referrals and authorizations are integral components of a health care management system.

Overview

- 2004 & 2005 Signed Policies & Memos
  - Point-of-Service (POS)
  - ADFM Sponsorship/Orders for Prime Enrollment
  - RC Member Enrollment
  - ADSM TAD/TDY Enrollment
  - Transitional Survivor Benefits
  - Extended Care Health Option (ECHO)
- Pending Policies
  - Referrals & Authorizations for CONUS Care
  - Payment of Fees for Medical Reports
  - Foreign National Health Insurance
  - Payment Processes for Uniformed Services Personnel
  - Payment for RC Members on Orders <30 Days

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Point-of-Service (POS) Option

- HA Policy 04-021 dtd AUG 10 2004
- What is POS?
  - Freedom to access non-network providers
  - 50% cost share and increased deductibles
  - Not credited towards catastrophic cap
- Implementation at TGRO Locations
  - Estimated start date remains pending
  - Warnings to beneficiaries on EOBs prior to implementation
  - Focused marketing campaign
  - Standard statements on EOBs after implementation

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Point-of-Service (POS) Option (con't)

- Change for MTF Enrollees
  - Chapter 12 change – implementation date pending
  - Alignment with CONUS practices
  - Previous 3-step processing by WPS will change to a 2-step processing (claims will no longer be completely denied)
  - Change from 'per sponsor' to 'per beneficiary'

Enrollment to TRICARE Overseas Prime (TOP)

- ADFM Enrollment in TRICARE Overseas Prime
  - HA Memos dtd APR 4 05 & JUN 21 05
  - Command sponsorship requirement (per JFTR definition)
  - ‘Homesteader’ identification through MTF
  - TAO-E developing marketing materials to provide ‘homesteaders’
    - Notification of conversion to Standard as of Oct 07
    - Description of beneficiary health care options

Enrollment to TRICARE Overseas Prime (TOP)

- RC Member Enrollment
  - HA Policy 04-013 dtd JUN 8 2004 and HA Memo dtd APR 11 05
  - Orders greater than 179 days – enrollment into appropriate overseas program
- ADSM TAD/TDY Enrollment
  - HA Policy 05-014 dtd AUG 19 2005
  - Orders greater than 179 days - enrollment into appropriate overseas program

OCONUS Transitional Survivor Benefits

- HA Policy 05-004 dtd MAY 3 2005
  - Equitable to CONUS survivor benefits (with added Remote)
  - Three years of transitional TRICARE health care benefits
  - Specific guidance is included in the Policy for various scenarios

Extended Care Health Option (ECHO) Program

- As of 01 Sep 05, replaced the Program for Persons with Disabilities (PFPWD)
  - TRICARE Policy Manual, Chapter 9
  - Eligibility limited to ADFM w/ moderate to severe mental, physical, psychological conditions
  - Financial considerations
    - No registration fee or deductibles
    - Maximum monthly benefit increased from $1,000 to $2,500
    - Beneficiary cost share range from $25-$250/month (rank dependent)

Extended Care Health Option (ECHO) Program (con't)

- Registration into ECHO requires EFMP enrollment
- Registration accomplished through TAO-E Nurse Case Managers
- Extended benefit approvals through TAO-E Nurse Case Managers
- Respite and Home Health Care benefits not available OCONUS (requires Medicare certification)
- Hearing Aids – now covered under the TRICARE Basic Program (still limited to ADFMs)

Pending Policies

- Referrals and Authorizations for CONUS Care
  - Issue – OCONUS Prime beneficiaries currently do not need referrals or authorizations to obtain CONUS healthcare
  - Beneficiaries receiving services CONUS, returning to OCONUS locations without the requisite follow-up care available
  - Direct opposition to CONUS requirements and to principles of managed care.
  - Policy would require referrals and authorizations for non-emergent/urgent CONUS care

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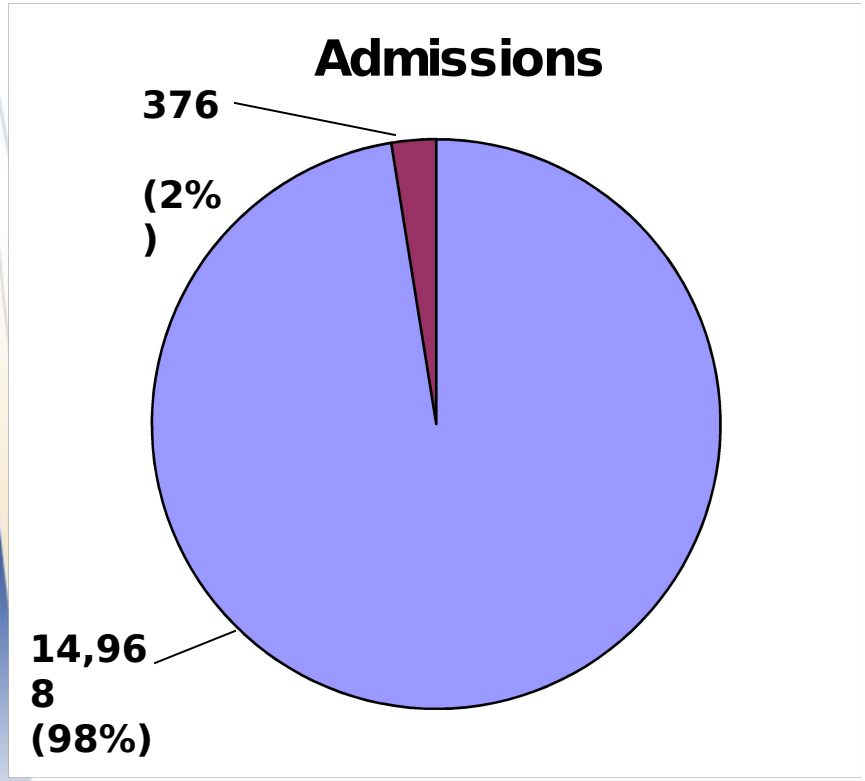
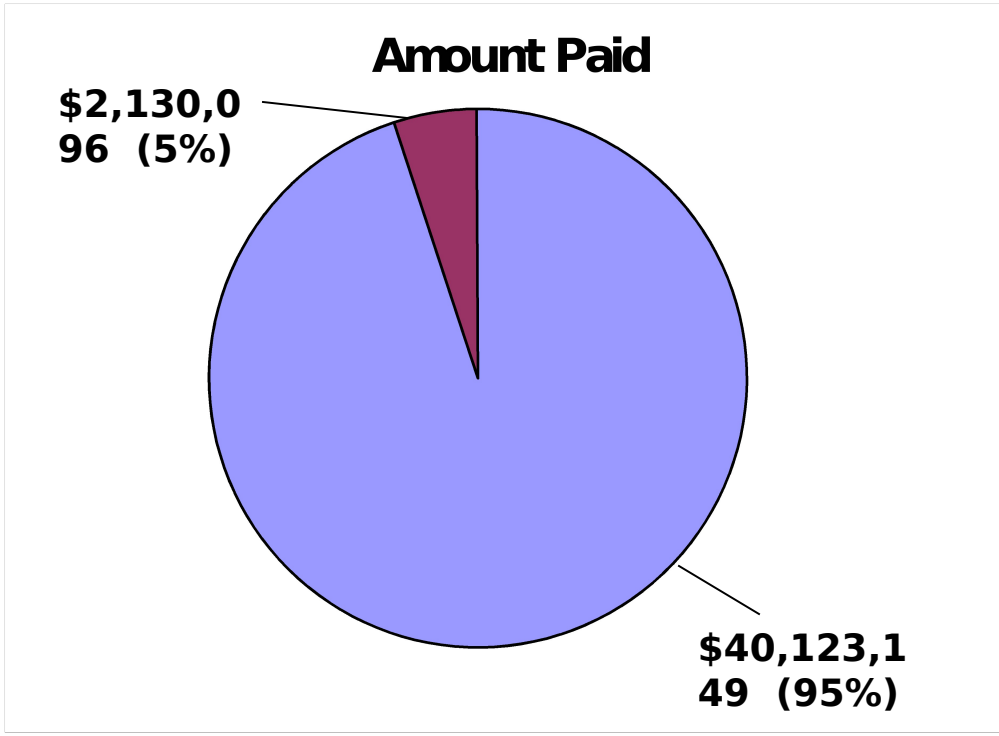
Institutional Purchased Care Claims TRICARE Europe Enrollees, FY04

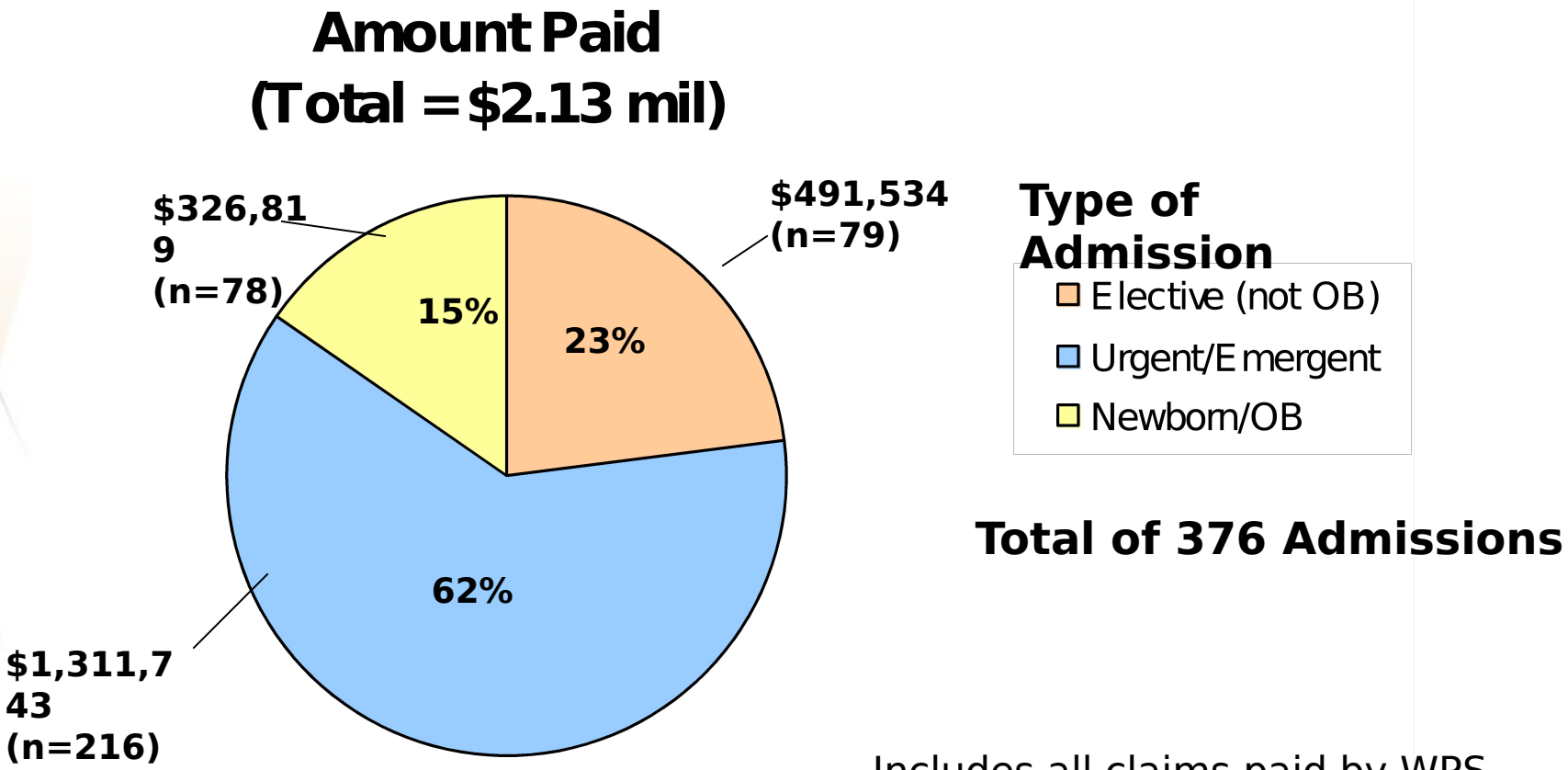




Includes all claims paid by WPS (Mental Health & Pharmacy claims excluded) Does NOT include Supplemental Care Data includes Referrals from MTFs

Source: M2
Date: 26JUL05

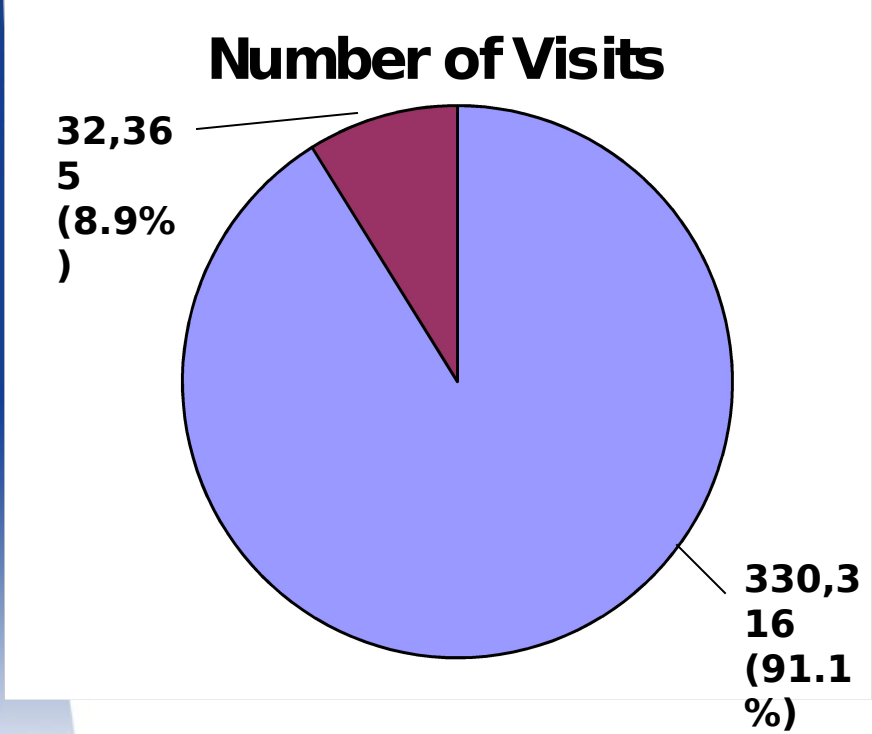
CONUS Institutional Purchased Care Claims
TRICARE Europe Enrollees, FY04

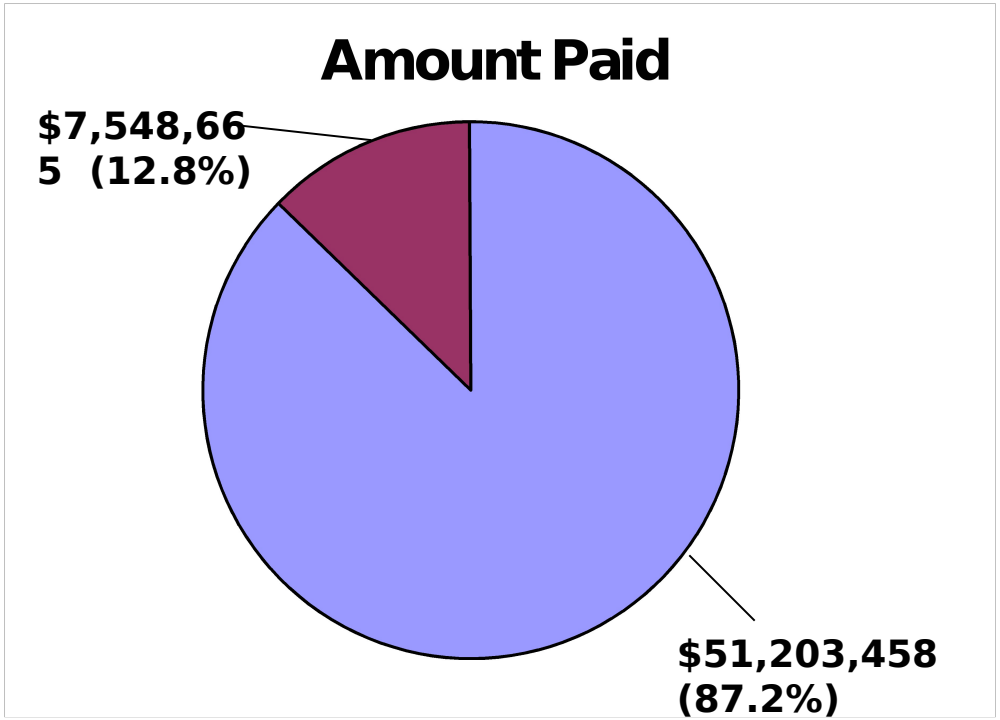


Includes all claims paid by WPS (Mental Health & Pharmacy claims excluded) Does NOT include Supplemental Care Data includes Referrals from MTFs

Source: M2
Date: 26JUL05

Non-Institutional Claims
TRICARE Europe Enrollees, FY04





Includes all claims paid by WPS
(Pharmacy claims have been excluded)
Does NOT include Supplemental Care Data includes Referrals from MTFs

Source: M2
Date: 27JUL05

Pending Policies (con't)

- Payment of Fees for Medical Reports
  - Issue – Non-covered 'benefit' per policy
  - Cultural difference between US and foreign provider administrative billing practices
  - Chapter 12 allows for OCONUS cultural differences
  - TAO-E Issue Paper forwarded TMA

Pending Policies (con't)

- Foreign National Health Insurance (NHI) as 'Other Health Insurance' (OHI)
  - Issue – TRICARE beneficiaries forced to use their mandated foreign NHI receive disparate health care
    - Quality
    - Timeliness (access standards)
    - Continuity of Care
  - TAO-E Issue Paper forwarded TMA
    - Mandated foreign NHI not considered OHI

Pending Policies (con't)

- Differing Payment Processes for Uniformed Services Personnel
  - Issue - variety of payment mechanisms and processes creates confusion/problems at all levels (SM, units, providers, and MTF staff)
  - Point Paper forwarded TMA to standardize payment processes
- Payment for RC Members on <30 Day Orders
  - Issue – healthcare is unit funded
  - Authorize WPS to process these claims (similar to ADSM claims)

Summary

- Six 2004-2005 Policies Newly Implemented
  - Point-of-Service
  - Three policies relative to Prime enrollment
  - Transitional survivor benefits
  - ECHO
- Five Policies Under Development
  - CONUS care referrals and authorizations
  - Payment of fees for medical reports
  - Mandated foreign NHI excluded as OHI
  - Two policies which would streamline and standardize payments for uniformed service member's care

Questions?